

<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	10/690,253 – Conf. # 3425
	Filing Date	October 20, 2003
	First Named Inventor	Li-Chih Lu
	Art Unit	3691
	Examiner Name	Alexander G. Kalinowski
	Attorney Docket Number	78438-244377

I hereby revoke all previous powers of attorney given in the above-identified application.	
<input type="checkbox"/> A Power of Attorney is submitted herewith. OR <input checked="" type="checkbox"/> I hereby appoint the practitioners associated with the Customer Number: <span style="border: 1px solid black; padding: 0 20px;">44920</span>	
<input checked="" type="checkbox"/> Please change the correspondence address for the above-identified application to: <input checked="" type="checkbox"/> The address associated with Customer Number: <span style="border: 1px solid black; padding: 0 20px;">44920</span> OR <input type="checkbox"/> Firm or Individual Name: <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span>	
Address	<span style="border: 1px solid black; display: inline-block; width: 100%; height: 1.2em;"></span>
City	<span style="border: 1px solid black; display: inline-block; width: 100%; height: 1.2em;"></span>
Country	<span style="border: 1px solid black; display: inline-block; width: 40%; height: 1.2em;"></span> State <span style="border: 1px solid black; display: inline-block; width: 20%; height: 1.2em;"></span> Zip <span style="border: 1px solid black; display: inline-block; width: 40%; height: 1.2em;"></span>
Telephone	<span style="border: 1px solid black; display: inline-block; width: 40%; height: 1.2em;"></span> Email <span style="border: 1px solid black; display: inline-block; width: 60%; height: 1.2em;"></span>
I am the: <input type="checkbox"/> Applicant/Inventor. <input type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)	
<b>SIGNATURE of Applicant or Assignee of Record</b>	
Signature	<i>Li-Chih Lu</i>
Name	Li-Chih Lu
Date	<i>6/12/2007</i>
Telephone	<span style="border: 1px solid black; display: inline-block; width: 100%; height: 1.2em;"></span>
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	
<input type="checkbox"/>	*Total of <u>1</u> forms are submitted.